DOVE HEALTHCARE NURSING & REHABILITATION

1405 TRUAX BOULEVARD

EAU CLAIRE 54703 Phone: (715) 552-103	0	Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03):	140	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	140	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	133	Average Daily Census:	132

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/03)	%				
Home Health Care Supp. Home Care-Personal Care	No No			Age Groups	응		21.8	
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	3.8		8.3	
Day Services	No	Mental Illness (Org./Psy)	35.3	65 - 74	12.8			
Respite Care	Yes	Mental Illness (Other)	1.5	75 - 84	37.6		72.9	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.3	********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.5	95 & Over	7.5	Full-Time Equivalent		
Congregate Meals No		Cancer 3.0				- Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.5		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	9.8	65 & Over	96.2			
Transportation	No	Cerebrovascular	4.5			RNs	8.7	
Referral Service	No	Diabetes	0.8	Gender	용	LPNs	4.9	
Other Services	Yes	Respiratory	9.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	33.1	Male	28.6	Aides, & Orderlies	39.8	
Mentally Ill	No			Female	71.4			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			

Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	용	Per Diem (\$)	No.	양	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	2	10.0	369	 3	4.4	141	0	0.0	0	0	0.0	0	0	0.0	0	3	33.3	223	8	6.0
Skilled Care	18	90.0	300	60	88.2	123	6	100.0	152	30	100.0	151	0	0.0	0	6	66.7	214	120	90.2
Intermediate				5	7.4	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	3.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	20	100.0		68	100.0		6	100.0		30	100.0		0	0.0		9	100.0		133	100.0

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03						
Deaths During Reporting Period													
					% Needing		Total						
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of						
Private Home/No Home Health	3.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents						
Private Home/With Home Health	1.9	Bathing	0.0		75.9	24.1	133						
Other Nursing Homes	1.9	Dressing	6.0		78.2	15.8	133						
Acute Care Hospitals	92.5	Transferring	13.5		68.4	18.0	133						
Psych. HospMR/DD Facilities	0.0	Toilet Use	8.3		68.4	23.3	133						
Rehabilitation Hospitals	0.0	Eating	45.1		48.9	6.0	133						
Other Locations	0.8	* * * * * * * * * * * * * * * * * * *	******	*****	*****	******	*****						
otal Number of Admissions	266	Continence		용	Special Treatmen	ts	%						
ercent Discharges To:		Indwelling Or Extern	nal Catheter	5.3	Receiving Resp	iratory Care	9.8						
Private Home/No Home Health	27.5	Occ/Freq. Incontiner	nt of Bladder	46.6	Receiving Trac	heostomy Care	0.0						
Private Home/With Home Health	23.0	Occ/Freq. Incontiner	nt of Bowel	32.3	Receiving Suct	ioning	0.0						
Other Nursing Homes	3.7	_			Receiving Osto	my Care	2.3						
Acute Care Hospitals	5.9	Mobility			Receiving Tube	Feeding	1.5						
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.5	Receiving Mech	anically Altered Diets	27.1						
Rehabilitation Hospitals	0.7				_	-							
Other Locations	9.7	Skin Care			Other Resident C	haracteristics							
Deaths	29.4	With Pressure Sores		6.8	Have Advance D	irectives	73.7						
otal Number of Discharges		With Rashes		5.3	Medications								
(Including Deaths)	269				Receiving Psvc	hoactive Drugs	57.1						

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	Pro	prietary	100	-199	Ski	lled	Al	1		
	Facility	cility Peer Group		Peer	Group	Peer	Group	Faci	lities		
	%	૪	Ratio	%	Ratio	%	Ratio	8	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	94.3	86.2	1.09	87.6	1.08	88.1	1.07	87.4	1.08		
Current Residents from In-County	76.7	78.5	0.98	83.0	0.92	82.1	0.93	76.7	1.00		
Admissions from In-County, Still Residing	18.8	17.5	1.07	19.7	0.96	20.1	0.93	19.6	0.96		
Admissions/Average Daily Census	201.5	195.4	1.03	167.5	1.20	155.7	1.29	141.3	1.43		
Discharges/Average Daily Census	203.8	193.0	1.06	166.1	1.23	155.1	1.31	142.5	1.43		
Discharges To Private Residence/Average Daily Census	103.0	87.0	1.18	72.1	1.43	68.7	1.50	61.6	1.67		
Residents Receiving Skilled Care	96.2	94.4	1.02	94.9	1.01	94.0	1.02	88.1	1.09		
Residents Aged 65 and Older	96.2	92.3	1.04	91.4	1.05	92.0	1.05	87.8	1.10		
Title 19 (Medicaid) Funded Residents	51.1	60.6	0.84	62.7	0.82	61.7	0.83	65.9	0.78		
Private Pay Funded Residents	22.6	20.9	1.08	21.5	1.05	23.7	0.95	21.0	1.08		
Developmentally Disabled Residents	0.0	0.8	0.00	0.8	0.00	1.1	0.00	6.5	0.00		
Mentally Ill Residents	36.8	28.7	1.28	36.1	1.02	35.8	1.03	33.6	1.10		
General Medical Service Residents	33.1	24.5	1.35	22.8	1.45	23.1	1.43	20.6	1.61		
Impaired ADL (Mean)	51.7	49.1	1.05	50.0	1.03	49.5	1.04	49.4	1.05		
Psychological Problems	57.1	54.2	1.05	56.8	1.01	58.2	0.98	57.4	1.00		
Nursing Care Required (Mean)	6.6	6.8	0.97	7.1	0.93	6.9	0.95	7.3	0.90		